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379 Lytton Avenue  
Palo Alto  
California 94301-1431  
Tel 650-326-2400  
Fax 650-326-2422

### FACSIMILE COVER SHEET

Date:  
**May 09, 2005**

Client & Matter Number:  
**15270J-004751US**

No. Pages (including this one):  
**3**

To:  
**Nadine Clark**  
**USPTO**

At Fax Number:  
**703-308-5083**

Confirmation Phone Number:  
**703-308-9250x144**

From: Aubrett E. Baker

(3764)

#### Message:

Serial No.: 09/724,940  
Filing Date: November 28, 2000

Dear Nadine,

Per your request, enclosed is the Issue Fee Transmittal as filed on November 12, 2004. If you have any questions, please do not hesitate to contact me.

Regards,  
Aubrett Baker  
Assistant to Romy Celli

Original Will:	BE SENT BY MAIL	BE SENT BY FEDEX/OVERNIGHT COURIER	BE SENT BY MESSENGER	X	NOT BE SENT
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Faxed:

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#### Important

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

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10/04/2004

TOWNSEND AND TOWNSEND AND CREW, LLP  
TWO EMBARCADERO CENTER  
EIGHTH FLOOR  
SAN FRANCISCO, CA 94111-3834

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Rosemarie L. Celli (Depositor's name)  
Rosemarie L. Celli (Signature)  
November 12, 2004 (Date)

APPLICATION NO.	BILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/724.940	11/28/2000	Dale B. Schenk	15270J-004751US	9389

TITLE OF INVENTION: ACTIVE IMMUNIZATION FOR TREATMENT OF ALZHEIMERS DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$0	\$1370	01/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	424-141100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend  
and Crew LLP  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Neuralab Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bermuda

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if Required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Rosemarie L. Celli

Date

November 12, 2004

Typed or printed name

Rosemarie L. Celli

Registration No.

42,397

This collection is for an application (11/15/2004 00000242 1 1501 \$1,370.00 11/12/2004 DA 201430) to process) submitting the c this form and/or 11/15/2004 00000243 1 8001 \$30.00 11/12/2004 DA 201430 (to complete) Box 1450, Alexa Alexandria, Virginia 22313-1450. (erce, P.O. Box 1450,

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**PART 2 - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail Stop ESTE FEE**  
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or Fax

FROM: **TOWNSEND AND TOWNSEND AND CREW, LLP**  
 TWO FIVE ARCADES CENTER  
 EIGHTH FLOOR  
 SAN FRANCISCO, CA 94111-3534

CLASS OF INVENTION: **ACTIVE MONITORING FOR TREATMENT OF ALZHEIMER'S DISEASE**

APPLICATION NO.	FILING DATE	FIRST NAME'S INVENTOR	ATTORNEY DOCKET NO.	REFERENCE NO.
07/24/04	11/12/2004	DON B. KOWAL	158702-01/11/04	0110

APPL. TYPE	SMALL ENTITY	DISC FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
NON-PATENT	NO	2150	0	2150	01/04/05

**CLASSIFICATION**

CLASS	INT. CL.	CLASSIFICATION
7100.00	0100	7100.00

**INVENTOR'S DECLARATION**

I, the undersigned, declare that I am the inventor of the invention described in the foregoing application, and that I am the owner of the right to the invention.

**INVENTOR'S SIGNATURE** Rosemarie L. Gell **DATE** November 12, 2004

**INVENTOR'S ADDRESS** Two Five Arcades Center, Eighth Floor, San Francisco, CA 94111-3534

**ATTORNEY'S SIGNATURE** Rosemarie L. Gell **DATE** November 12, 2004

**ATTORNEY'S ADDRESS** Two Five Arcades Center, Eighth Floor, San Francisco, CA 94111-3534

**REMARKS**

1. The undersigned, Rosemarie L. Gell, is the inventor of the invention described in the foregoing application, and that I am the owner of the right to the invention.

2. The undersigned, Rosemarie L. Gell, is the owner of the right to the invention.

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